								ł	Application or Docket Number				
	PATENT APPLICATION FEE DETERMINATION RECORD												
Effective October 1, 2003 10 78 6, 359													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL TYPE	ENTITY	OF		R THAN ENTITY	
T	OTAL CLAIMS	3 28						RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F		OR	BASIC FEE	 	
TOTAL CHARGEABLE CLAIMS			50 min	万 の minus 20=		30		XS 9:	=	OR	XS18=	540	
INDEPENDENT CLAIMS			m	minus 3 =		8		X43=	:	OR	X86=	70	
ML	JLTIPLE DEPE	NDENT CLAIM PI	RESENT						=	OR	+290=	290	
• If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L	OR	TOTÁL	1,600	
CLAIMS AS AMENDED - PART II									<u> </u>	7 _	OTHER		
	(Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	*	Minus	**		=		XS 9=	:	OR	X\$18=		
MEA	Independent	*	Minus	***	-	=		X43=		10	X86=		
4	FIRST PRESE	ENTATION OF MU	JLTIPLE DE	PENDENT	CLAIM]		1	OR			
								+145=		OR	+290=		
								TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
MENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AMEND	Incependent	*	Minus	***		=		X43=		OR	X86=		
٧	FIRST PRESENTATION OF MULTIPLE DEF			PENDENT	CLAIM]			Ο'n			
+145=										OR	+290=		
TOTAL ADDIT FEE										OR .	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)									•	- <u>-</u>	<u> </u>		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		= .		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=	1	l	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							/\-\-	+	OR			
										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OP ADDIT. FEE													
		imber Previously Pai ober Previously Paid								cin coli	umn 1.		